RECEIVED
CENTRAL FAX CENTER
MAY 3 1 2011

Re-Application No. 10/633,359

Filed: 08 04 2003

Art Unit3653

7590 02/16/2006

(May 26 2011)

Renewed Petition under 37 CFR 1. 137(a)

ATTENTION: Andrea Smith,

Dear Andrea,

"I hereby request an as-of-right extension to the most recent report under 37 CFR 1. 137(a)" I have been terminally ill since 2003 became increasingly worse in 2005 requiring Splenectomy surgery January 27th 2005 at Mc Master Hospital Hospital in Hamilton Ontario, (6.5 lbs tumour removed including Spleen, Pancreas, some small Intestine) many complications along the way to recovery. I went through very stressful, difficult times of suffering, confusion and depression. I was treated for my Symptoms during that time period. I had Surgery again in June 2006 for Prostate Cancer, many complications along the way to recovery as well.

My finances were depleted; and because of my failing health and frame of mind at the time I was not able to fully comprehend the severity of not attending to this matter expeditiously. Please keep in mind as well; that I hired the services of a Lawyer (Anthony Asquith) on April 7th 2006, his advised was: "I should not maintain my Canadian application and that I should leave everything to him where my US application was concerned. I terminated his services September 16th 2008, I felt that I was underrepresented. I did not want to disclose my psychological conditions but I feel they will provide the help necessary for this case.

Since I have previously submitted: Petition documents to make special based on age for advancement of examination under 37 CFR 1.102(c)(1) also petition for revival of an application for patent abandoned unintentionally under 37 CFR 1.137(b). Hope I have met the burden placed upon me, and you can now expedite the application to grant. Enclosed please find medical records.

Wellesley Allen

1216 Avonlea Road

Cambridge Ontario

Canada n3h 4z8



Human Resources Development Canada

Income Security Programs

Développement des ressources humaines Canada

Programmes de la sécurité du revenu

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Personal Information Bank
CENTRAL FAX CE, HEDC PPU 140

MAY 3 1 2011

Fichier de renseignements personnels
DRHC PPU 140

Medical report -	Rappo	irt médical
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First Name - Prénom	Initial - Initiale	Last Name - Nom de famille	
Leslie	A	Allen	
Home Address (No., Street, Apt., or R.R.)			nce or Territory
Adresse du domicile (numéro, rue, app., ou route	rurale)	Provi	nce ou territoire
1216 Huonlea Kol		Cambridge	CNT.
Postal Code Code postal Telephone No N° de t	éléphone	Date of Birth	Social Insurance Number uméro d'assurance sociale
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SECTION B To be completed by Physician	- Doit être ren	nplie par le médecin	·
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RECEIVED CENTRAL FAX CE: ITER MAY 3 1 2011

Alfred Y. Oh, MD, FRCS(C)

Adult and Pediatric Otolaryngology Head and Neck Surgery

655 Fairway Road S., Unit A1-B Kitchener, Ontario, N2C 1X4 Tel: 519-896-0949 Fax: 519-896-0957.

April 12, 2006

Re: Allen, Wellesley Alexander DOB:

Dear Dr. Pierre Kugler.

Thank you for referring Wellesley Alexander Allen to me.

Les is a 64 year-old male with a chronic history of bilateral otalgia. Over the last 3 months, it has worsened and the left side is worse than the right. He finds that stress increases the pain. Indeed, he has been under increased stress as he was diagnosed with prostate Ca. He also finds that chewing worsens the pain. There are no associated otologic symptoms such as hearing loss, tinnitus, otalgia, otorrhea or vertigo. Les takes Altace and insulin.

Examination:

Ears/Otoneurologic:_Normal

Nasal Cavity: Normal

Oral Cavity/Oropharynx: Normal

Neck and Face: Significant bilateral TMJ crepitus was felt.

Flexible Nasopharyngoscopy: Not done

Audiogram:

A low frequency left sensonneural hearing loss with a high frequency loss was seen. The right side demonstrated mild hearing loss

Assessment and Plan:

- 1. Temporomandibular joint dysfunction
- 2. Assymetrical hearing loss

I believe Les' otalgia is related to significant TMJ dysfunction for which I recommended he obtain an oral splint. However, he also has a previously undetected assymetrical hearing loss. Thus, I have ordered an MRI of the cerebellopontine angles and I will follow up afterwards.

Thank you for involving me in this patient's care.

DIAGNOSTIC IMAGING REPORT

RADIOLOGISTS
L.F.W. MARTIN, M.D., C.M., F.R.C.P.C.
M.R. SULEMAN, M.D., F.R.C.P.C., D.A.B.R.
HAMILTON GENERAL RADIOLOGISTS

CAMBRIDGE DIAGNO DIAGNO

Memorial Hospital
DIAGNOSTIC IMAGING DEPARTMENT
700 Coronation Blvd,
Cambridge, Omario NIR3G2
Tel: (519) 621-2333 Ext. 2230 Fax: (519) 740-4904

Cambridge

		SEX	ACCOUNT NUMBER
		м	TD022822/04
		LOCATION	MEDICAL RECORD NO.
REG	REF	DI	090926
DATE OF BIRTH	AGE	DATE OF EXAM	RADIOLOGY NO
	62	30/11/2004	00011459
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S S SIKANETA 800 FRANKLIN BLVD. CAMBRIDGE ON N1R 7K8

519-740-1870

XAM# TYPE/EXAM RESULT
00673718 CAT/C.T.ABDOMEN W&WO CONTRAST X See Chart

C.T. SCAN OF ABDOMEN WITH AND WITHOUT CONTRAST 30 NOVEMBER 2004

There is a large mass replacing the body and tail of the pancreas, measuring 13.0 x 13.0 x 11.0 cm in size. It is a solid mass with a lobulated contour and inhomogeneous internal attenuation with occasional central calcification. The splenic vein is not visible and possibly encased by the tumor since there are prominent collateral veins outside of the tumor leading to the splenic hilum. The portal vein and the portal splenic confluence is displaced to the right.

The tumor appears relatively well marginated from the surrounding structures except where it blends with the remnant of the pancreatic head. The upper aspect of the tumor surrounds the splenic artery as it emerges from the celiac axis. I see no evidence of regional lymphadenopathy. The liver looks clear of metastases.

The rest of the abdomen is unremarkable. A tiny simple cyst is noted at the left kidney.

IMPRESSION:

Huge pancreatic tumor. This appears confined to the pancreas with encasement of the splenic vein and development of collateral venous channels. There is no evidence of regional lymphadenopathy or distal metastasis.

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